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APPLICANTS

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**** CONTINUING DATA *******
 This appln claims benefit of 60/442,191 01/24/2003
 and claims benefit of 60/471,031 05/16/2003
 and claims benefit of 60/460,549 04/04/2003 *[Signature]*

**** FOREIGN APPLICATIONS *******
None [Signature]

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 22 30	INDEPENDENT CLAIMS 34
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TITLE
 Accurate fluid operated cylinder positioning system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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